V. S. No. 1

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iter	sh	Jo	
-WRITE PLAY Y, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
r REC	Y. РН	Exact	
MANEN	XACTL	classified.	
A PEF	ted E.	perly o	ificate.
IS	sta	pro	cert
HIS	pe	be	Jo
NK-T	plnods	it may	n back
ING	AGE	that	tions o
UNFAD	upplied.	terms, s	TION is very important. See instructions on back of certificate.
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-WR	mati	CAL	TIO

STATE OF MARYLAND—CERTIFICATE OF DEATH	3215
DEATH 3	

1. PLACE OF DEA	TH				^	
County	Somerse	t		Regi	stration Dist. No. 2	70
Village or City			(10	No. McCready Memon	its NAME instead of street	and number)
				ds How long in U.S. If of foreign	birth?yrs	mosds.
2. FULL NAME		fant Ab		St., ward.	732	
PERSONAL AN	D STATISTI			MEDICAL CERTIF	onresident give city or town	
3. SEX 4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIOOWED. D (write the word)	21. DATE OF DEATH	ch 29	193 6 •
5a. If merried, widowed, or divo HUSBANO of (or) WIFE of				22. 1 HEREBY CEF	(Day)	(Yeer)
6. DATE OF BIRTH (month, da	v. end veer) M	arch 29	, 1936.	I last saw h elive on		
7. AGE Years	Months	Oays O	If LESS then 1 dey,hrs. or_O_min.	to have occurred on the dete stated above, on the PRINCIPAL CAUSE OF DEATH and relievere as follows:	etm.	Oate of onset
8. Trade, profession, or pkind of work done, SAWYER, BOOKKE 9. Industry or business Ir work was done, es SAW MILL, BANK, 10. Oate deceased lest work is occupation (mo	PER, etc which SILK MILL, etc rked et nth and	sper	me (yeers)			
i2. BIRTHPLACE (city or town) (State or country)			•	Other Contributory Causes of importance:		
II II NAME Monni	e Abbot	t		~~~~~		
14. BIRTHPLACE (city or to (State or country)	Dan	ls Isla	nd, Md.	Neme of operation	Oate	of
	my Wats			23. If death wes due to external causes (VIOL		
16. BIRTHPLACE (city or to	wn) Balti	more, M	d.	Accident, suicide, or homicide? Where did injury occur?		
17. INFORMANT Mrs. (Address) Cr	Monnie isfield			Specify whether Injury occurred In INOUST	ify city or town, county and TRY, in HOME, or In PUBLIC	State) C PLACE.
18. BURIAL, CREMATION, OR F	lot	Oate Mar	. 30 ,1936.	Manner of injury		
19. UNOERTAKER I . S. (Address) C	Lawson risfiel	d, Md.		24. Was disease or injury in eny way releted	I to occupetion of deceased	?
20. FILEO Mar. 30	19 36. C	& Bol	le Registrar.	(Signed) Cris	field, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Agent to break the rate production of the control o	3 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S	item of	pinous	of OCC
). Every	SICIANS	atement
	RECORD	. PHYS	Exact st
NDING	INK-THIS IS A PERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	lat it may be properly classified. Exact statement of OCCUPA-
FOR B	IS A PE	stated E	properly
ESERVED FOR BINDING	NK-THIS	should be	it may be
田	part .	E	at

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Donner Registration Dist. No. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. If U. S. Veteran, specify WAR (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Cul Qual 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) mch certificate. 7. AGE Years Months If LESS than to have occurred on the date stated above, at ______m_ **Oays** 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ ATION Jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ OCCU no 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation _____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER Name of operation ... 14. BIRTHPLACE (city or town) ___ plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIOEN NAME Ξ 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) ____ (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury____ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER _ (Address) If so, specify 20. FILED Registrar. (Address) many mo

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Ex	ample I		Example II	
The principal cause of dead of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	VDB 3 TOO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. I.V.	July 5 1927	Peritonitis	3 days ago
	Line			
O4h	C.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APD 7 1936	July 5,1927	Peritonitis	3 days ago
BUREAU VASA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH 3219

1. PLACE OF DEATH	(108)
County O Maray	Registration Dist. No. 260
Village or City / wells / Meck	No. Farm St., Ward
Length of residence In city or town where death occurred 30 yrs. 8 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 3 ds. How long In U.S. If of foreign birth?
O + O	
2. FULL NAME / Urbram Joyman	If U. S. Veteran, specify WAR
(a) Residence: No. / Wells Help (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH.
M OR DIVORCED (write the word)	mch 3. 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Bertie Dryden Bonno	22. I HEREBY CERTIFY, That I attended deceased from
10 cul a reguent sono	19, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) DLC, 36 1985	I last saw h; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:0003.m.
00 2 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Painter & Farmer SAWYER, BOOKKEEPER, etc.	
	notos Juneanis
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at To 11 Total time (years)	
this occupation (month and 0/936 spent in this occupation	
12. BIRTHPLACE (city or town) A wells neels	Other Contributory Causes of importance:
(State or country)	
13. NAME Walter & Boyman	
14. BIRTHPLACE (city or town) Rtevello Ruch	Nama of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an aulopsy?
I 15. MAIOEN NAME Comma Hilliams	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Comma Hilliams 16. BIRTHPLACE (city or town) Faurmant (State or country)	Accidant, suicide, or homicide? Data of injury19
∑ (Stata or country) And	Whera did injury occur?
17. INFORMANT M. C. Dryden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / (Marion Ind	
18. BURIAL, CREMATION, OR REMOVAL D	Manner of Injury
Place Si Pauls lem Oate Mch 5, 1936	Natura of Injury
19. UNDERTAKER LOTM Q'aradofan	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charles and	If so, specify
20 FUED Del UM 136 Parterior	(Signed) Justill QI. D.
Registrar.	(Apoposs) Chrisces Clama das)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor
		Lyan	

D. Every item of infor-

STATE OF MARY	LAND—CERTIFICATE	OF DE	ATH
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3220
	1. PLACE QE DEATH	
1	county Domerset	Registration Dist. No. 2 65
	TIMIT STANDENCE OF THE PROPERTY OF THE PROPERT	or manufactive
	Yillage Dr City What Glad	death occurred in a hopeful or institution, give its NAME instead of street and number)
	Length of residence in city of two where death occurred 3 8 yrs. 4 mos.	
	2. FULL NAME Karles Christother	Byrd If U. S. Veteran, specify WAR
	(a) Residence: No. Marsland Wel	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH march 26 , 193 6
	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of CAPTE BALL	22. I HEREBY CERTIFY, That I attended deceased from
	400 ca 189ca	act 1936, to march 26, 1936
e.	6. DATE OF BIRTH (month, day, and year)	I last saw h Lun aliva on hackle 26 , 1936; death is said
certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2:30 Pilm
rtif	5-8 4 1> 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
	8. Trade, profession, or particular kind of work dona, as SPINNER, Davity	Carcinore or ellingel
of	SAWYER, BDOKKEEPER, atc.	and post nateal - arbital
back	9. Industry or business in which work was done, as SILK MILL, House hamily	Americal 4 400 45 D
	SAW MILL, BANK, etc	
no	this occupation (month and 1935 spant in this year)	1,,
instructions	V. J.	Other Contributory Causes of importance:
cti	12. BIRTHPLACE (city or town)	
tru	(Stata or country)	
ins	13. NAME Grough & Loyed	1954
See	14. BIRTHPLACE (city or town) Cuffeed	Name of operation Iralle Alexand - Date of Que 1931
S	(State of Country)	What test confirmed diagnosis? Was there an autopsy? W.
nt.	15. MAIDEN NAME Hannah am Bye	3. If death was due to external causes (VIDLENCE) fill in also the following:
very important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
od	(State procountry)	Where did injury occur?
in	17. INFORMAN Rev. Jesonie Bynd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
ery	(Address) (Accepted Ing	
is v	18. BURIAL, CREMONTION, DR REMOVAL ON M. 19	Mannar of injury
	Place Party Charles Date Much A9,19 36	Nature of Injury
FION	10 HADERY AND A MARCHASTA	24. Was diseasa or injury in any way related to occupation of deceased?
F	19. UNDERTAKER (Address) (Address)	If so, spacify
1	mal 28 21 8 P. 5 Page 10.	(Signed) S. M. Par try M. D.
Dans.	20. FILED 1 10 5 9 5 6 0 0 Registrat.	(Address) Crafield, lef

V. S. No. 1

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BURGAU	F		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL		WALL					

2000

STATE OF WARTLAND	CERTIFICATE OF DEATH	21
1. PLACE OF DEATH	23 × 0/	1 /
County Somerset	Registration Dist. No.	4-0
	No. St., If death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurredyrsm		sgs.
2. FULL NAME "(elbe 7. M. U. Ganda) (a) Residence: No. (Usual place of abode)	St., Ward.	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7/arch 26	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of		1.50
(or) WIFE of	22. HEREBY CERTIFY, That I attended of	- 0
6. DATE OF BIRTH (month, day, and year) 7eb 13 1917	1 2 /70 00	: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5° 40 bm.	; death is said
19 1 12 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profassion, or particular	wera as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		
Industry or business in which work was dona, as SILK MILL, Farm, Rabor SAW MILL, BANK, atc.	Tulmo mary luberculosis	1934
10. Data daceasad last worked at this occupation (month and 19 32 spent in this occupation was spent in the occupation with the occupation was spent in the occupation when the occupation was spent in the occupation was spent in the occupation when the occupation was spe	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Friends & S. S. Amne (State or country) Thomas (all &		
13. NAME Ernost Gannow		
13. NAME Ernest Cannow 14. BIRTHPLACE (city or town) Princes Anne	Name of operation Date of	
(Stata or country) Tory lave &	What test confirmed diagnosis? Was there an a	utonsy? a
15. MAIDEN NAME TIJOHTha (E. Wilson)	23. If death was due to external causes (VIDL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Prime ess 4mme	Accident, suicide, or homicide? Date of injury	
(State or country) mary lang	Where did injury occur?	
17. INFDRMANT Typerum Francis danes	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place L. 1. 6.1.4.1.6.1. Date 3 - 29 , 1931	Nature of injury	
19. UNDERTAKER Williams (Address) 77 12 4 de la Pranse 1116	24. Was disease or injury in any way related to occupation of deceased?	
20 FILED 3-27 1936] Q. Priitle	(Signed) Glace d. allomo	M. D.
y Residirar.	(Address) Terroress Amma	-4700 a

V. S. No. 1

N. B.—WRITE PLAIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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E	xample I			Example II	
The principal cause of dea of importance were as follows		uses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	AECEL	VE	D1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street car	1 week ago
Cerebral hemorrhage	APP 3	1936	July 5 1927	Peritonitis	3 days ago
1-27/44/0	DINEAU	Y. :	3.		
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones		4 (1)	May 1,1923	Gastroenteritis	1 year

properly classified.

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certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

3	9	13		
0	4	-	- 5	

Village or City Length of residence in 2. FULL NAME (a) Residence: No. PERSONAL A	Samu	th occurred 10.		Registration Dist. No.	26/ Ward
Length of residence in 2. FULL NAME (a) Residence: No. PERSONAL A	city or town whare dea				.,Ward
2. FULL NAME (a) Residence: No. PERSONAL A	Samu			death occurred in a hospital or institution, give its NAME instead of street	1 1
(a) Residence: No. PERSONAL A		el Corb:		ds. How long In U.S. if of foreign birth?yrs	
PERSONAL A	- 1		in	If U. S. Veteran, specify WAR	
		arion		St., Ward.	
	ND CTATICTIC	(Usual place of a		If nonresident give city or tow MEDICAL CERTIFICATE OF DEAT	
SEX 4. COL		S. SINGLE, MARRIE		21. DATE OF DEATH	n
M	Col	or pivorced (write the word)	mole 10 (Month) (Day)	, 1936 (Year)
a. If merried, widowed, or di HUSBAND of (or) WIFE of		Corbin	nlmown	22. I HEREBY CERTIFY, That I atta	inded decaased from
. DATE OF BIRTH (month, d	lay, and year)	act mont		- 4 0	2.6.; deeth Is sai
. AGE Years	Months	Days	If LESS than	to have occurred on tha data statad above, atm.	
About 64			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onse
8. Trade, profession, or kind of work don	perticular a. as SPINNER.	77			
SAWYER, BOOKKI	EEPER, etc	Farmer		accel Del 7 Hart	roth
work was done, as SAW MILL, BANK	SILK MILL,				
10. Data deceased last w this occupation (m year)	orked at 1935	11. Total tima spant tr occupet	n this		
2. BIRTHPLACE (city or town (State or country)	n)Wico	mico		Other Coatributory Causes of Importance: Caux Bulliany Tulecular	3 roth
13. NAME	William	Corbin			
14. BIRTHPLACE (city or	town)	icomico	County	Name of operation	of
(Stata of country)		22	! a	What tast confirmed diagnosis? Was then	e an autopsy?
15. MAIDEN NAME	Mary	nknown		23. If death wes due to external causas (VIOLENCE) fill in also tha fol	lowing:
16. BIRTHPLACE (city or (State or country	town)	TITETIO MIT		Accident, suicide, or homicide? Date of injury_	
7. INFORMANT	2.0	uel Corl	oin	Whare did injury occur?(Specify city or town, county ar Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	id State) IC PLACE.
(Address)	! far	ion i	đ		
8. BURIAL, CREMATION, OR			04 50	Mannar of injury	
PlaceIihe	ria Cem	Date I'ch	24.,1906	Neture of injury	
9. UNDERTAKER AND A	M. al Bran	dshaw		24. Was disease or injury In any way ralated to occupation of dacaasa If so, specify	d?
20, FILED 577	,1036 Jue	elea Po	awson Registrar.	(Address) Norman min	М.

N. B.-WRITE PLAINLY, mathon

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Example I]!	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

M	item of infor-	should state	of OCCUPA-	1
•	RECO.D. Every	. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT RECOMD. Every item of infor-	tated EXACTLY. PHYSICIANS should state	roperly classified. Exact statement of OCCUPA-	prtificate.

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	901
1. PLACE OF DEATH	4	(3)	
County Somewo	W T	Registration Dist. No.	-10
Village or City Mean	on sta	No. St., f death occurred in a hospital or institution, give its NAME instead of street as	Ward
Length of residence in city or lown wh		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Lig	sir Coullous	1 U. S. Veteran, specify WAR	
(a) Residence: No.	arion sto mis	St., Ward.	
DEDCOMAL AND STATE	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATE 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Lynnel Cal	OR DIVORCED (write the word)	mc4 19.	, 193.6
5a. If married, widowed, or divorced HUSBAND of	manus	(Month) (Day)	(Yaar)
(or) WIFE Clessley	Soullous .	HEREBY CERTIFY, Thet I attend	ed deceased from
DATE OF DUTY!	Phum. 1863	1 last saw h. L. elive on	6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at. 8 P. m.	🥰 ; death Is said
About 73	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	,
8. Trede, profession, or perticular	7 1 1 1	mate as follows.	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		acus Del J Heat	mol 19
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Houseulo	Avrong Humber	
10. Date deceased last worked at this occupetion (month end)	11. Total time (years) spent in this		
yaar)	occupation	Other Contributory Canses of importance:	
2. BIRTHPLACE (city or town)	P.	Olime Out repuls	Dage
(State or country)	0	- Opono mpandeles	The state of the s
13. NAME John We	lons	General Certina Feliani	
13. NAME Of LIM UC 14. BIRTHPLACE (city or town)	M.K	Name of operation Dete of	
15. MAIDEN NAME IN ALLIE	Clahenare	What test confirmed diagnosis? Was there a 23. If death wes due to axternal causes (VIOLENCE) fill in elso the follow	
15. MAIDEN NAME Market 16. BIRTHPLACE (city or town)	10	Accident, suicide, or homicide?	
(Stete or country)		Where did Injury occur?	
17. INFORMANT Janes En	elmism	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0-1 2/2/1	Manner of injury	
Place Theuself urging	Date 1,193	Nature of Injury	
19. UNDERTAKER Les 7/1	Selahenan	24. Was disease or injury in any way related to occupation of decaased?	
(Address)	areope ma	If so, specify	
20. FILED 2173, 1936 9	urelya otawan	(Signad) Newsqe to Corellum	
(0)	10 telin Registrar.	(Address) Mussim Don	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
11		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Exact statement of OCCUPA-

properly classified.

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CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on

of certificate.

back

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLAND	-CERTIF	FICATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 322,
1. PLACE OF DEATH	46-8
county organiset.	Registration Dist. No. 26/
Village or City Marion	No. St., Ward
Length of residence in city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Expless Tero	- // T.T - N
Marie - Chit ma	Common S. Veterari specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Joconwell City of tolen and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grite the word)	21. DATE OF DEATH Muscl 4 193 6 (Month) (Dev) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Crockett	22. I HEREBY CERTIFY, That i attended deceased from
401.7-1866	i lest saw hat alive on 1994; deeth is said
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Oeys If LESS then	to heve occurred on the dete steted above, et 40 Pm.
70 / 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, Housewefe SAWYER, BOOKKEEPER, etc.	acul Die 77 Nect mel 8
9, Industry or business in which	(Crms) hifma
work wes done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Oate decessed last worked et this occupation (month end year) spent in this occupation coupetion coupetion coupetion	
12. BIRTHPLACE (city or town) Harcesterles, (State or country) Maryland	Other Contributory Causes of importence:
13. NAME M. H. Brown	
13. NAME M. A. Brown, 14. BIRTHPLACE (city or town) Aarcester Co, (Stete or couply)	Name of operation Oate of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME & lian beth Barren	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME Dia abeth by 1997 16. BIRTHPLACE (city or town) Janda Na Downs	Accident, suicide, or homicide? Dete of injury
17. INFORMANT Jules M. Coroclase tt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAN DE REMOVAL Place Provide Complete May 6 , 1936	Menner of injury
19. UNDERTAKE PROMOUP. Stevenson. (Address) Promouple Carty Mars.	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED 3/6 ,1936 Juneles 10 varveous	(Signed) Company M. D.

V. S. No. 1

N. B.-WRITE PLAINLY,

(Address) Dunner.

Registrar.

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Chronic interstitial nephritis A 3 3 3 5 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
BOINE CARRILLIAN - 14 / 5 / 24				

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Somerell	Registration Dist. No. 2 68
Village or City Warona ml	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME fremature Buly De	Vougla
(a) Residence: No. Welmonde and	St., Ward.
(Usual place of abode) ** PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. f HEREBY CERTIFY, That I attended decessed from
DATE OF BIRTH (month, day, and yeer) 3-17-36	i fast saw h allve on 19 death is se
AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRFNCFPAL CAUSE OF DEATH and related causes of importance
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SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) Occupation	3 mub)
2. BfRTHPLACE (city or town) Wenona, Md (State or country)	Other Contributory Causes of importance:
13. NAME Watter De Vouglin	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME DO Blesse Elit. Colett	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). When the Country)	Accident, suicide, or homicide?
7. INFORMANT Walter Do Vaugh (Address) Walner a mil	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Place 12 Mate 5 1, 1931	Nature of Injury
O. UNDERTAKER F. T. Webster my	24. Was disease or injury in eny way related to occupation of deceased?
10. FILED MA 17 , 1936 Rosa Welster Registrar.	(Signed) M. M. M. (Address) M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis APR (1990)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	325-
OINIL OI	MUNITERIOR	CENTIL IONIE		PLAIII	- L

County Somerset Village or City Marion No. Flarm No. Flarm No. Flarm St. Ward Gridesh occurred in a hospital or imelitation, any at NAME instead of arrest and number) Length of residence in city or town where desh occurred . 52.7n. mos. 2. FULL NAME James Rulman Dorsey (a) Residence: No. Farm (Loustloke of shoot) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. NICLE MARRIED, WIDOWED, OR DEATH WINDERSHOOD (b) NOTICE (evint the word) Married, victored, or diversed or diversed on the following: 4. DATE OF BIRTH (month, day, and year) Add ie Dorsey 5. Bare (Years Months of 11 288 1 day, hrs of west done, as 3 FINNER, Barmer 2. First, profession, or particular sind of work done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 3. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace, profession, or particular work was done, as 3 FINNER, Barmer 4. St. Trace	1	. PLACE OF	DEATH	OI MITTIE	LAND		
Village or City Marion No. Parm No. Marion Length of residence in city or town where deeth occurred		County	Somerset			Registration Dist No. 2	61
Length of residence in city or town where deeth occurred . 52 yrs			Mani			He rem	
2. FULL NAME James Talman Dorsey (a) Residence: No. Parm (Unusplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVOKED Verific the word, Married Married Married (Nonth) S. SINGLE, MARKED, WIDOWED, OR DIVOKED Verific the word, Married (Nonth) S. SINGLE, MARKED, WIDOWED, OR DIVOKED Verific the word, Married Married Married Married Addie Dorsey 6. Date Of BIRTH (month, day, and year) April 2 1867 7. AGE Caption of particular States of the state of above, at 9 19.5 (ast to save occurred on the dete stated above, at 9 19.5 (ast to save was done, as SIK MILL. SAWYER, BOOKKEFER, etc. Parmer S. Trade, profession, or particular states of the save of the profession was a solid state of a state of the save		Finage Di Gi	·y		(1		mber)
(a) Residence: No. FATM. (Usualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 5. Last and the state of the sta		Length of resid	dence in city or town whe	re deeth occurred5	2-yrsmos	sds. How long In U. S. if of foreign birth?yrsmos.	ds.
Personal and Statistical Particulars	2	. FULL NAM	vie James	Tulman D	orsey	If U. S. Veteran, specify WAR	
Clustiplace of abode If nonreadent give city or town and State		(a) Residence	e: No. Fa	arm		St., Ward.	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WASTIED TO ADD TO THE CO T	-	3				If nonresident give city or town and S	tate
Se. If married, videwed, or divorced HISSAND or Growing of Corp. Wife of Addie Dorsey 6. Date of Birth (month, day, end yeer) 7. AGE Years Months Days If LESS than 12 8 1deyhrz. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SIK MLL, SAW MILL, BARK, etc. 9. Industry or turn, or the description of decard in the state of injury. 10. Industry or court of injury. 11. Information, or removed and the state of injury. 12. Information, or removed and the state of injury. 13. Industry or business in which work was done to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 13. Industry or business in which work was done to externel causes (VIOLENCE) fill in als			1				
58. If metried, widowed, or divorced HUSBAND of Cor) WiFe of Addie Dorsey 6. DATE OF BIRTH (month, day, end yeer) April 2 1867 7. AGE Years Months 128 If LESS than 1 day,	3. 3	SEX	4. COLOR OR RACE	OR DIVORCED	(write the word)	march 30	193 6
HUSBAND of (or) WIFE of Addie Dorsey 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 11 28 11 LESS than 1 day,, hr. or min. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: 7. AGE Years Months 11 28 11 LESS than 1 day,, hr. or min. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Date of conserving or business in which work was done, as SILK MILL, SAWYER, BODKKEPER, etc. Parmer Parmer Parmer Date of conserving or business in which work was done, as SILK MILL, SAWYER, BODKKEPER, etc. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Date of conserving or business in which work was done, as SILK MILL, SAWMILL, BARK, etc. The principal causes of importance were as follows: Date of conserving or town. Other Coatributery Causes of importance: Other Coatributery Causes of importance: What test confirmed diagnosis? We sthere an aulopay? 21. INFORMANT Mars Addie Dorsey (Stete or country) What test confirmed diagnosis? We sthere an aulopay? 22. It death was due to externed ceuses (VIOL ENCE), fill in also the following: Accidents, suicide, or homicide; Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE (Address) 19. UNDERTAKES Marner of injury (Signed) Marner of injury in any way releted to occupetion of deceased? 19. UNDERTAKES Marner of injury in any way releted to occupetion of deceased? 19. UNDERTAKES 19. UNDERTAKES Marner of injury in any way releted to occupetion of deceased? 19. UNDERTAKES Marner of injury in any way releted to occupetion of deceased? 19. UNDERTAKES Marner of injury in any way releted to occupetion of deceased? 19. UNDERTAKES Marner of injury Marner of injur	5e.	tf merried, widowe	ed, or divorced		3(0)	(Month) (Day)	(Year)
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12. BIRTHPLACE (city or town) Somerset County	OF	10. Dete deceses this occup	etion (month and	spen	me (years) 57		
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20. FILLU	20	4/	1 ,3/0	Belen 19	tains	4 0 0	M. D.
	۷٠.	/	15-18-		Registrar.	(Address) Nioum	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes. Date of onset of importance were as follows:				Example II		
				The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APD 3	1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		4000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SUPEAU	V S	July 5,1927	Peritonitis	3 days ago	
- Leave		1677 20				
Other contributory causes	of importance:	-		Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	
		4				

V. S. No. 1

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	A PERMANENT RECO. D. Every item of infor- ed EXACTLY. PHYSICIANS should state erly classified. Exact statement of OCCUPA.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	082	
County Omerset	Pomotration Diet No. 2 7	B
Village or City Crusheld Mrc Cue	wasy Member of Hospitalst.	
	death occurred in a hospital or institution, give its NAM instead of street and number)	_Ward
Length of residence in city or town where death occurred	9 ds. How long In U.S. if of foreign birth? yrsmos	ds.
2. FULL NAME (1. Frank Dryden	If U. S. Veteran, specify WAR	
(a) Residence: No. Main Struck	St Ward.	****
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	3 /5- ,1936	
5a. If married, widowed, or divorced	(Month) (Day) (Ye	ear)
HUSBAND of Copyright South	22. I HEREBY CERTIFY, That I attended decease	d from
To transfer of the	- fle /2 1936, to onch /5 , 19	36
6. DATE OF BIRTH (month, day, and year) June, 6, 1668	I lest saw h alive on Mc4 6, 1936; death	is said
7. AGE Yeers Nooths Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 2.23 a.m.	
68 9 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fonset
Trede, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEEPER at SAWYER ROOKKEEPER ROOKKEEPER AT SAWYER ROOKKEEPER AT SAWYER ROOKKEEPER ROOKKEEPER ROOKKEEPER ROOKKEEPER AT SAWYER ROOKKEEPER ROOKKEEP	acul Del 7 Kut	1011801
La contraction, ottomatical and the contraction of	Usewice Ind	1.3.6
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
Q 70. Dete deceased lest worked et 11. Total time (years)	Richard Hip	
this occupation (month and 1936 spent in this 3 cocupation year)	am 5. tall	
Codical	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	sune alis delinas	
	Chine marches	
E C. I'dal	Name of austin mans Cost officer	
4 14. BIRTHPLACE (city or town)	Name of operation	
(State of County)	What test confirmed diagnosis? Was there an autopsy?.	
15. MAIDEN NAME Strena Lawson 16. BIRTHPLACE (city or town). Crisqueld (State or country)	23. If deeth was due to external couses (VIOL ENCE) fill In also the following:	
0 16. BIRTHPLACE (city or town) wasfuld	Accident, suicide, or homicide? Leccale Date of injury Lul 2 , 19	3.4.
(State or country)	Where did injury occur? Curoficula Mac (Specify city or town, county and State)	
17. INFORMANT This U + dry din	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)	on Street.	
18. BURIAL, CREMATION, OR REMOVAL Place Wrote Lem Date Meh 12 1936	Manner of injury 7 dell.	
on forme o a o	Neture of injury Avecure The	
19. UNDERTAKER TO My A Juda for	24. Was diseese or injury in any wey related to occupation of deceesed?	
(Address) Cerfield	If so, specify	
20. FILED Moh 1 7 19 36 les 6 Malen	(Signed) Surge to Coulhum	_M. D.
Registrar.	(Address) massusay to med.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis ACR A	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the same of th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	2/1
County	Registration Dist. No. 260
Village or City True Cus dree	No. St., War
Length of residence in city of wn where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?mosd
2. FULL NAME LETONLE D. D.	Men
(a) Residence: No.	A St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha wird)	21. DATE OF DEATH 3 (Year)
5a. It married, widowel or divorced HUSBANO of (or) WIFE of Hora M. Areden	22. FIMEREBY CERTIFY, That Lattended decaased fro
Med St Doba	I last saw han alive on Mach 3 19 36; death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	3 . 100
66 21 8 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
I. Trada, profession, or particular kind of work done, as SPINNER, Peace Officer SAWYER, BOOKKEPER, etc.	Oate of one
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	no further information. esu& R.
10. Data deceased last worked at this occupation (month and spant in this occupation occupation occupation	
12. BIRTHPLACE (city or town) May loud (State or country)	Other Coutributory Causes of Importance:
13. NAME Wruell Wyden 14. BIRTHPLACE (city or town)	Nama af operation. Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Withdatoyfel	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mys - Cho S. Dryde (Address) Prences are held	(Specify city or town, county on State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALY MELLS Come not 193	Manner of injury
19. UNOERTAKER Dale Dushiell (Address) Prince & ama Ind	24. Was disease or injury in any way related to occupation of deleased?
DELLEMAN. 4 136 JY Buth	(Signed) Trury Unoupfo M.

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SUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-	N	1	}

RECOND. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(63) × (1)
county Domerset	Registration Dist. No. 266
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
CI IMC	e
2. FULL NAME GOWARD, J. Covan	λ
(a) Residence: No. (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wright the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. II married, widowed, or divorced HUSBAND ol (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decaesad from
6. DATE OF BIRTH (month, day, and year) CIPTI 3/1849 7. AGE Years Months Days II LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, Watunau SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, SA	19, to
0. Date deceased last worked at this occupation (month and 35 spent in this year) 12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of Importance:
13. NAME Bennie Eraus	
13. NAME Lennie Eraus 14. BIRTHPLACE (city or town) Somerset md (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Belay Evans 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Mch. 26, 19. 36	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER SND (e Brack Shaw)- (Address) Ourfued mod 20. FILED April 1, 19 26 Carrie M Kitcher Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN OLL
my Erms was drouned in Virginia, but u	as brought To Eurell
md, without a death cartificate.	
Coroners Jury Genponneled	hara, a.P. Bradshaus
acting Corroner	netics 1
	Mitolioas m.D.

V. S. No. 1

1. PLACE OF DEA	TATE O	r MAK	TLAND-	CER	TIFICA	IE C	JF DE	AIH	023	
County O	Chas	ito.	Md	Ale			Registration	n Dist. No. 9	26	9
Length of residence in c	ity or town where de	ath occurred			urred in a horpital ds. How long in					
2. FULL NAME (a) Residence: Np.	Moale	hom	1650	W. St.	Ward.		*			
PERSONAL AN	D STATISTIC	(Usual place		1	MEDIC	AL CE		E OF DEA	Committee Charmet Co.	ate
	OR OR RACE	5, SINGLE, MAR	RRIED, WIDOWED, ED (write the word) Marked	/	TE OF DE	ATH 7	March	25 st (Oay)	6	193 (Year)
5a. If married, widowed, or div. HUSBAND of (or) WIFE of	g una	Sib	sow	22. Ma	1 HER	EBY		Y. That I at	1	
6. DATE OF BIRTH (month, da	V, and year) ho	017,1	871	I last sa	while aliv	e on 7	nercle			death is said
7. AGE Years	Months	Days	If LESS than 1 day, hrs.	- 6	occurred on the d		2. /	uses of Important		
8. Trade, profession, or p	articular	6	ormin.	were as	follows:	Portin	tend of	uses of important	1	Date of onset
kind of work done, SAWYER, BOOKKE	as SPINNER, PER, etc.	rateri	waw		Na sta	4	Rine	abe		May 26
9. Industry or business in work was done, as	SILK MILL.	Oyst	ers				1	/		
SAW MILL, BANK, O. Date deceased last wo this occupation (mo year)	rked at	11. Total t	time (years) 20 %	79						
	m4 /	rues		Other C	Cantributory Cause	of importa	nce:			
12. BIRTHPLACE (city or town) (State or country))- (J- J- LAV-)	mo	mb,		Bree	ielis	Рин	11119-1	101	Maril
13. NAME	ut JK	usw.								4.
14. BIRTHPLACE (city or to	own)	et Ke	eow.	Name of	f operation			Da	te of	
z (State of country)	10-1	UN			st confirmed diagr					opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or to	wall	Tues	w.		th was due to ext					10
16. BIRTHPLACE (city or to (State or country)	Dac	I K	wow.		t, suicide, or homi lid injury occur?					
17. INFORMANT The (Address)	's Vergu	ien C	Libson.		whether injury oc		(Specify city of NDUSTRY, in H	or town, county of 10ME, or in PUB	and State) LIC PLACI	Ε.
18. BURIAL, CREMATION, DR I	removal mater	Date more	ch 27 1236	· I man	of Injury					
19. UNDERTAKER Address	arles &	Jash	elland		disease or Injury	in any way	related to occu	pation of deceas	sed?	nv
20. FILE 3/27/36	19 mas	8.13,	nett		gned)	Jas	un 8	Rus	ry	M. 0
/ //			Resistrar.		(Address)	OP611	Ine sa	/ Dell	1	my.

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Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	Muy 1,10.00	Charlet at a	1 year

infor-1. PLACE OF DEATH pluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign hirth? PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE WARRIED WIDOWED OR DIVORCED (write the word) (Month) BINDING 5a. If merried, widowad, or divorced I HEREBY CERTIFY. That I attanded decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than to have occurred on the data stated above, a Oavs The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. RESERVED back may Industry or business in which plnods work was dona, as SILK MILL. SAW MILL, BANK, atc ... on 10. Oeta dacaased last worked at 11. Total time (vaars) this occupation (month and spent in this occupation instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER 14. BIRTHPLACE (city or town) Name of oparation (Stete or country) carefully Whet tast confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 63. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city of town Accidant, suicida, or homicida?______ Oate of injury______ 19 DEATH (State or country) Where did injury occur?.... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR Manner of Injury WRITE CAUSE mation LION Nature of injury 24. Was diseesa or injury in any way related to occupation of deceased? 19. UNOFRTAKER S. No. 1 (Address) If so, spacify Registrar. (Addrass) ...

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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Year)

Oata of enset

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Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 7 1950	July 5,1927	Peritonitis	3 days ago	
	PINE V. S.				
Other contributory c	auses of importance:	1,5,000	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

M) i s i	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(B) D
	County Some about	Registration Dist. No. 270.
should f OCC	nearl	
shou of o	Village or City Chapteld	No. M Lea all Weller War War death, occurred in a hospital or institution, give its NAME instead of street and number)
70	Length of residence in city or town where death occurred	
Every CIANS	2. FULL NAME Stillow Helshy	
D. Every SICIANS tatement		1932
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PHY st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. PE	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E X	OR DIVORCED (write the word)	Meh 21 , 193 8 6
IG EN T'L ed.	5a. If married, widowed, or divorced	(Month) (Dey) (Year)
BINDING FERMANEN EXACT y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed fro
MA A Salass	welled	Web 21 1936 to wet 21 1986
SIN EER EEN C. c. c.	6. DATE OF BIRTH (month, dey, and year) 1/4 at 2 1 193/	I fast saw h. Lk alive on
P. P. d.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 fram.
FOR B IS A PE stated E properly certificate	1 day, 0 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
For IS start of Property of Pr	8 Trade profession or particular	were es tollows: Oate of onse
US HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	A state want whom
N H H H H H H H H H H H H H H H H H H H	9 Industry or business in which	due to day fue at out
ERVI K—T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	arren streetin C.
INE IN SH	SAW MILL, BANK, etc	gratafie of cord
	year) occupation	
N 4 1 0	12. BIRTHPLACE (city or town) Claradell	Other Cantributary Causes of importance:
GIN ed. 18, so truct	(State or country)	
RG VF/	13. NAME	
UNFA UNFA supplied n terms, ee instr	E	
-E 70	(State or country)	Name of operation
E E		Whet test confirmed diegnosis? Was there an aulopsy?
PLALALY, WI hould be careful of DEATH in prery important.	I	23. If death was due to external causes (VIOLENCE) fill in also the following:
car CH ortz	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be be mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
Id be can DEATH y import	17. INFORMANT Melders Sterling Floby	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Cre feelale led	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Plece Date 1939	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER IN Lawson of Son,	24. Wes disease or Injury in any way related to occupation of deceased?
No. 1	(Address) 605 main St.	If so, specify
z e	Da 122 86 0.61 11.	(Signed) & M. Parton M.
> Z	20. FILED MY L. 19 CO Walled Registrat	(Address) Chanain and my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSEAU Va.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUGE OF DEATH in plain terms, so that it may be

ery important.

MOLL

mation should be carefully supplied.

WITH

B.—WRITE PLAINLY,

PHYSICIANS should state

D. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	No. death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? Jrs. Mard ds. How long in U.S. if of foreign birth? Jrs. Mard Jrs. Jrs. Mard Jrs. Jrs.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced HUSBANO of	21. DATE OF DEATH May, 2/ (Day) (Year)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended deceased from 1936, to Make 1, 1936; I last saw h. Lar. alive on Manual 3, 1936; death is said to have occurred on the date stated ebove, at 530 Am.
3 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Not due, to telegraphic Death One of onset
kind of work done, as SPINNER Housekeepers SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year). 12. BIRTHPLACE (city or town) (State or country) 13. NAME SAULUE TOWNS 14. Total time (years) spent in this occupation	Businesses herearcheage Mille ! Businesses of the pulmonay ham a Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Del	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVED Place Criffield Cerufles pate Mar. 23, 1934	Manner of injury
19. UNOERTAKER Si factor mars (Address) lensfield 20. FILED Mole 23, 1936 lo & la alling Registrar.	24. Was disease or injury in any way related to occupation of deceased?
Kegistrar.	" (Mulioso) (Mary

V. S. No. 1

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

3235

1. PLACE OF DEATH	
county orgenset	Registration Dist. No. 262
Village or City as the sheery	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) da. How long in U.S. if of foreign birth? vrs. mos. ds.
Mattin O 7/1+	-
2. FULL NAME/LECTER CE. ACT	of U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May, 4, 193 36 (Month) (Dev) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. (Month) (Dey) (Year) 22. HEREBY CERTIFY That attanded decaasad from
6. DATE OF BIRTH (month, day, end year) Quy 19-1867	I lasf saw h
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, af
68 6 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic my ocarditis Durotion: Unknown.
9. Industry or business in which work was done, as SILK MILL,	ew4R.
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dafe decaased lasf worked at fis occupation (month and year). 11. Total fime (years) spenf in this occupation	pudha colleges buy
12. BIRTHPLACE (city or fown) A comoba leaty (State or country) Mary Lord	Other Contributory Causes of Importance:
13. NAME W. Correspondent 14. BIRTHPLACE (city or town) Not surown	
4 14. BIRTHPLACE (city or town) 10 th 150 control (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Martho Compryder	23. If death was due to external causes (VIOL ENCE) fill in also fhe following:
15. MAIDEN NAMM Martha Compreder 16. BIRTHPLACE (cify or fown) Not burning (Staffor country)	Accidenf, suicide, or homicide?
17. INFORMANT Stosdafe Wetes (Address) Washington	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
afelicaco fol Data/10016, 1936	Nature of injury
19. UNDERTAKER LETTER ALL STEVENSON	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Meh 4 , 1936 Mrs Saml Scott Registrar.	If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	0 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of mse	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R	0.1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			WE THE
Other contributory causes of importance:	au had file	Other contributory eauses of importance:	Boss SI
Gallstones	May 1,1923	Gastroenteritis	1 year
	EDITORIAL PROPERTY.		

V. S. No. 1 N. B. of OCCUPA-

STATE	OF	MARYLAND-CERTIFICAT	TE OF	DEATH
FATU				4 1 2 1 1 1 1 1 1 1 1 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	236
1. PLACE OF DEATH		- A	
County_ Somerset		Registration Dist. No.	266
Village or City Ewell			
	(lí	f death occurred in a hospital or institution, give its NAME instead of street and	I number)
Length of residence in city or town where deat	. 0 -		mosds.
2. FULL NAME Still	om Kitchin	g.	
(a) Residence: No.		Ost., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town at	id Stale
and the second s	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mm	OR DIVORCED (write the word)	(Month) (Dey)	, 193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. Thet lattende	
(or) WIFE of		22. I HEREBY CERTIFY, Thet I attende	
6. DATE OF BIRTH (month, day, end year)	arch 18, 1936	I last saw h alive on 19	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	, ueatii 15 Saiu
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trade, profession, or particular	ormin.	were es follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Stilliat!	
9. Industry or business in which		(Kannatha)	
SAW MILL, BANK, etc		- Land Contract of the Contrac	
10. Dete deceased lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Exact (State or country)	ell, ma	Other Coutributory Causes of importance:	
	1 Nitel	-	
I	a. munning		
14. BIRTHPLACE (city or town)	relling mall	Name of operation Date of	
	. 7 6 1	What test confirmed diagnosis? Was there ar	
	o. wans	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	well, mid.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Engst Ac	itching	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC F	ate) 'LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place at home	Date Mch. 18, 1936	- Nature of injury	
19. UNDERTAKER 2 schoo (Address)		24. Was disease or injury In eny way related to occupation of deceased?	
20. FILEOMA 18 19 36 Car	nie M. Kitchen	(Signed) Carrie M VI itching	L.R. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ___

Registrar.

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Example I	Ē	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances 67 Oc.	May 15	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	ONFORTH	ER STATEMENTS BY PHYSICIAN	

Sig. B.

V. S. No. 1

ż

certificate.

See instructions on back of

TION is very important.

(Address)

should state

of OCCUPA.

STATE OF	MARYI AND-	CERTIFICATE OF DEATH	3237
1. PLACE OF DEATH County Some	iset	Registration Dist. No. 2 6	5~
Village or City Cristical Length of residence In City or townshere death	CALLANA V	No. ORA	ward number)
2. FULL NAME George	2 Landon	L	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Helicke	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar, 30 th	, 193 () (fear)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of ib. DATE OF BIRTH (month, day, and year) Cline ib. AGE Years Months	Days If LESS than	1 HEREBY CERTIFY, That I attended 4	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	24 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cleronic my ocalilities	Date of onset
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Α	
12. BIRTHPLACE (city or town) Cusfield (State or country)	ed. Md.	Other Coutributory Causes of importance:	
13. NAME Thomas Gar	udon.		
14. BIRTHPLACE (city or town)	rd.	Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NAME Frankie 16. BIRTHPLACE (city or town) (State or country)	Evans: Nd.	23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and Sta	g: ,19
7. INFORMANT Miles Live (Address) Crifice (Address) Crifice (Address)	andon,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
Place Pulsed Churchy Da	ite Upril 1 1, 1936	Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed).

24. Was disease or Injury in any way related to occupation of deceased?

no

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ?	SECE, VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR A 1988	July 5,1927	Perilonilis	3 days ago
	BUREAU Y. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 3238		
1. PLACE OF DEATH	93-0		
· County s Lomerset	Registration Dist. No. 2 65		
Village or City Possheld	No. St., Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Samuel & Madde	4		
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March # (Nonth) (Day) (Year)		
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from		
(or) WIFE of Ducky & N. Wildows Y	Jay 15 1936 to march 4 ,1936		
6. DATE OF BIRTH (month, day, and year) such 24 th 185-9	Hast saw him elive on march 4 1936 death is said		
7. AGE Years Morths Days If LESS than	to have occurred on the date stated above, at 62P Pm.		
78 7 9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Trade orofession, or particular	Chance hug of a kale he Date of onset		
kind of work done, as SPINNER, MODILE SAWYER, BODKKEEPER, etc.	Certemoscherous		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
SAW MILL, BANK, etc.			
	1		
year) occupation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)			
(State or country)			
13. NAME Pober Maddov 4 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	Name of operation		
(State or country)	What test confirmed diagnosis?Was there an eutopsy?		
# 15. MAIDEN NAME NAME NOWWA M. Jule	23, If death was due to external causes (VIOLENCE) fill In elso the following:		
15. MAIDEN NAME Marka M. Jule 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?		
- (Stere or country)	Where did injury occur?(Specify city or town, county and State)		
17. INFORMANT JOWAND HUMAND (Address) Giagield Mol	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION DR. REMOVAL	Manner of injury		
Place XI, Well Could Date Mus 6 , 1956	Nature of injury		
19. UNDERTAKER J. D. Lawron & Hory; (Address) Cristical Md	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED. Mak 6, 1936 / So Eleverin	(Signed) & re Payton M. D. (Address) Criofull M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

L. PLACE OF DEATH	93-E) X	2/0
County Domerna	Registration Dist. No.	160
Village or City P. and .	No. (ff death occurred in a horpital or institution, give its NAME instead o	f street and number)
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Helen Virginia &	riler	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	ff nonresident give city of	all the late of the second
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Such 3	193 6 (Year)
if married, widowed, or divorced		
(or) WIFE of Donel Jules	22. I HEREBY CERTIFY, That	
DATE OF BIRTH (month, day, and yeer) June 21-1869	l iest sew h elive on	
AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, atm.	7,000
66 9 1 day,min.	S. The PRINCIPAL CAUSE OF DEATH end related ceuses of important were es follows:	rtence Oate of ons
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colin Selan	24
9. Industry or business in which	Julia Durge	Rof
work wes done, as SILK MILL, SAW MILL, BANK, etc		- Fac
10. Date deceased lest worked at this occupetion (month and spent in this		
year) occupetion	Other Contributory Causes of importance:	1
BIRTHPLACE (city or town) (Stete or country)	00 000	Kops
13, NAME ALM. At Bull	thron my och much	m Tho
2001		
14. BIRTHPLACE (city or town) (State or country)	Name of operation	
15. MAIOEN NAME ATTEMENT MAINTENAME	Whet test confirmed diegnosis? Wa	
- Committee of the comm	23. if death wes due to externel causes (VIOLENCE) fill in also the	The state of the s
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of inj Where did injury occur?	ury, 19
INFORMANT Mrs. Wm Long (Address)	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and Stale) PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Princes and Date 3/31, 193	•	
UNDERTAKER Phones	24. Was disease or injury in any way related to occupation of de	ceased?
FILED 3/30 1936 9 Fired	(Signed) 1 Harry	M

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 7 1996			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	(

Exact statement of OCCUPA-

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

32411

1	1. PLACE OF DEATH	(B) × 0/11
	County Somyyst	Registration Dist. No. 467
	Village or City Apple Tarmount	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
1	2. FULL NAME Nichard Ports	If U. S. Veteran, specify WAR
1	1111 1 1	St Ward.
	(a) Residence: No. 1990 Thursday (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	2 I HEREBY CERTIFY, That I attended deceased from
A [®]	6 DATE OF RIPTH (month day and year) Mch 13 1887.	last saw h. Lec. alive on
certificate	6. DATE OF BIRTH (month, day, and year) 7/10/13 8 0 2 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et Saser m.
tifi	54 0 /Z 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
	8. Trade, profession, or particular kind of work done, es SPINNER, Antenness	Elevenles at arterist Date of onset
of	SAWYER, BOOKKEEPER, etc.	Ofelera 3
back	9. Industry or business in which work was done, as SILK MILL,	Hefferstruss &
on b	SAW MILL, BANK, etc	Miller Stefelleller
- 2	this occupetion (month and spent in this occupetion occupetion	Che Migorardillis 1,
instructions	12. BIRTHPLACE (city or town) Fairmount	Other Contributory Causes of Importance:
ruc	(State or country)	
nst	13. NAME Thomas Harbs	
See	14. BIRTHPLACE (city or town) Tarrmount (State or country)	Name of operation
ζΩ.	(State of County)	What test confirmed diagnosis?
nt.	15. MAIDEN NAME emily free	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	15. MAIDEN NAME emily free 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dete of Injury19
mpo	(State or country)	Where did injury occur? (Specify city of town, county and State)
very i	17. INFORMANT Nomas Portsa (Address) Fairmount and	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in 10ME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
TION IS	Place Turn Viny UM Date 11 14 7 15 , 19 36	Nature of injury.
TIC	19. UNDERTAKER FUM for the form	24. Was disease or injury in any way related to occupetion of deceased.
)	20. FILED MOST 26, 1936 JJE Dicking	(Signed) M. D
		(Address)

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1005	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Stated EXACTLY. PHYSICIANS successified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be WITH TION is very important. -WRITE PLAI

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Francisco	Registration Dist. No. 26
Village or City Masson Sto Del	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boly Cerry	If U.S. Veteran specify WAB
2. FOLL NAME	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH & Mach 8, 193(2) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
5 DATE OF RIPTH (month day and year)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	morcusted Dens male
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	Juntina Born march 8 1934
	/
O 10. Oate deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) mount mo	Other Contributory Canses of Importance:
(State or country)	nut Rum
I 13. NAME John h Perry	aprently Crenting def of Phrenita
14. BIRTHPLACE (city or town) Number 14. Girth or country	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Helen mare loylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Acleur marle Toylors 16. BIRTHPLACE (city or town) Marson And	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John M. July 1990 (Address) norm	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, OPENATION, OR REMOVAL Place March Cuntering ate 3/8, 136	Manner of injury
John M. Pranie	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER THE MANEY THE	If so, specify A
3/4 3/ 0	(Signed) Lunge & Cullman M. D.
20. FILEO D , 19 6 Mrtha 1 9 aux 1 1 Registrar.	(Address) masses stama

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example J		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			197

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	321
SIAIL OF	MARILAND CERTIFICATE OF DEATH	100

1. PLACE OF PEATH	92-70
County Somerand	Registration Dist. No. 264
Village or City Hen Drawer (in City or town where death occurred yrs mos	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Dagges GRober (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) There to the word)	21. DATE OF DEATH Spel 202 , 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Farme J. Perhapson	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	I last saw h allve on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	arlin Selmons X4
10. Date deceased last worked at this occupation (month and year)	Orienary, Cause: Chames myseculates.
12. BIRTHPLACE (city or town) (State or country)	my verr & Granffine
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Place Session Clause Date Dech 22, 1936	Manner of injury
19. UNDERTAKER Dashields (Address) Poinces anne	24. Was disease or Injury in my way related to occupation of deceased?
20. FILED Mar 22, 1936 G. Biekinson Registrar.	(Signed) / Could M. D. D. Could D. D. D. Could D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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,	Example I		Example II	
	death and related causes follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	135 11	July5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones	*	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Ba 7 3242
County Dimensel	Registration Dist. No. 26
Village or City Onole Mel	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ALMAL / homen from	M
(a) Residence: No. Orivi Me	St., Ward.
(Usualpiace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Orkite Organic the word)	Mercy (Bay) (Year)
5a. If married, widowed, or diverced HUSBAND of Or WIFE of	220 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) 5 th 1865	merel 13 93 6, 10 Marcel 18, 193 6
or blind of blints (moning day) and jour)	I last saw h. / Malive on / 1010 / 75, 193 Geath Is sald
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atO/A-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BDOKKEPER, etc.	Helfcelleen Kens
Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	/
this occupation (month and 930 spent in this year)	
12. BIRTHPLACE (city or town) Domest Co Mel	Other Contributory Causes of Importance:
(State or country)	1/3
13. NAME John Wamillo	
13. NAME W Amels 14. BIRTHHACE (city or town) April 2000	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME of an ey Wilson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME ON LAY Wilsons 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Hary RWalker (Address) Orive Md	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, IN HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marks 11d Date Met 20, 19 4	Nature of Injury
19. UNDERTAKER Quelle Stand Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED /20/36, 19 mm S. Pannett	(Signed) J. J. J. J. J. Maleeno.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis April 996	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	MARILAND	CERTIFICATE OF DEATH 324	4
County Smenout		Registration Dist. No. 2	70
Village of City Cuspine	and or	No. moreody mund Not Costul	Ward
Length of residence in city or town where deal		f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. If of foreign birth?yrsmo	
2. FULL NAME Stillson	Stratures	If U. S. Veteran, specify WAR	
(a) Residence: No.	hal a ma	St., Ward. 1932	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>6</u> (Yeer)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded	
6. DATE OF BIRTH (month, day, and year) Inc.	9 1936	I last saw h alive on, 19,	
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm.	
Conduct 7 4 mills &	gramin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Orasin Bon mad 9.18.36	
9. Industry or businass in which work was done, as SILK MILL, NAV		amofilm on Mar 718 36	
SAW MILL, BANK, etc	11 Total time (years)		
this occupation (month end)	11. Total time (years) spent in this occupation		
		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		not Duom	
13. NAME Plug gold	Durling		
13. NAME () Rug gold 14. BIRTHPLACE (city or town) _ Custom (State or country)	ald me	Neme of operation Date of	
(State of country)		What test confirmed diagnosis? Was thera an a	utopsy?
15. MAIDEN NAME Lucy St	ulueg .	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16, BIRTHPLACE (city or town) (State or country)	<u></u>	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Mrs Priesgal (Address) Lushing	& Durling	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Chewitz	Date, 19	Nature of injury	
19. UNDERTAKER	7410/ 3 /	24. Was diseese or injury in any way related to occupation of deceased?	
(Address)	1.19/4	If so, specify france to be forellesses	
20. FILED 9 9 136 Mir	elia 10, auto.	(Address) Monny DND	M, D
		2411 N. Charles Street Baltimore Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

of

See instructions on back

Exact statement of OCCUPA-

Every item of infor-

1)170

	ST.	ATE OF MA	ARYLANI)—CERTIF	FICATE C	OF DEATH	064.)
1. 1	PLACE OF DEATH	Domes	er		93-6	** Registration Dist. No	27	0
	Village or City Mo	Cristi	eld	NoNo	a hospital or institutio	n, give its NAME instead	91	War
	Length of residence in city of	or town where death occurre	dyrs			foreign birth?yr		ds
2.	FULL NAME	W= 7. X	Serling	?. <i>1</i>	f U. S. Veteran, sp	pecify WAR		
	(a) Pacidonaes No	I AIN Seel	d _ / / / / /	42	Word	17106		

ovanity	Y. V.	negistration Dis	St. IVU.
Village or City Mr. Cre	slield	No	St., War
Length of residence in city or town where deal		If death occurred in a hospital or institution, give its NAME in	
Length of residence in city of town where deal	Coccurred J. J. J.	sds. How long in U.S.If of foreign birth?	
2. FULL NAME	1. Derling,	If U. S. Veteran, specify WAR	×
(a) Residence: No. Cus	hild. Mat.	St., Ward. 195	2
	(Usual place of abode)		ve city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX Male 1. COLOR OF RACE 5	or Divorced (write the word)	21. DATE OF DEATH March	22 , 1936 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	- 1		
(or) WIFE of	V	22. I HEREBY CERTIFY,	The state of the s
0	n 2 1862	, 19, to	
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on	; death is sai
7. AGE Years Month's	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at	
12 7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of Importance
Trade, profession, or particular kind of work done, as SPINNER,		Museille	1
SAWYER, BODKKEEPER, etc.	armer	1 10 #	+ and
9. Industry or business in which work was done, as SILK MILL,		acute oras	whom
SAW MILL, BANK, etc	1	1 Welson	mes
1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Zet O'Lucaie	1
year)	_ occupation	Other Contributory Causes of Importance:	192
12. BIRTHPLACE (city or town)	Do MI	- allens	largo
(State or country) However	Co, Indi	Primary Cause: Throvic my	aganditi.
I 13. NAME Hance Ni	Tolino	Duration: sy month	
14. BIRTHPLACE (city or town)	1.11	Name of operation	
14. BIRTHPLACE (city or town) (State or country)	Ma.		
10//	Balant	What test confirmed diagnosis?	The second secon
15. MAIDEN NAME HARVELLE	- Warnoyin	23. If death was due to external causes (VIOL ENCE) fill li	
0 16, BIRTHPLACE (city or town)	~-M-f	Accident, suicide, or homicide? Dat	te of injury, 19
(State or country)	par 1	Where did injury occur?	wn, county and State)
17. INFORMANT MAI SOCO (Address)	Monieys.	Specify whether injury occurred In INDUSTRY, In HDME	, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVE P	70 8 - 11 - 1	Manner of injury	
Place Believe the Cenerty	Date Moh24, 1936	Nature of injury	
(1)			

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.-WRITE PLAI

19. UNDERTAKER

(Address)

V. S. No. 1

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1 PLACE OF PEATING	F MAKILAND	CERTIFICATE	OF DEA	3	246
1. PLACE OF DEATH	100	(59)	Registration [2	67
Village or City DAMES Q!	JARTEB, MD.	No.			War
Length of residence in city or town where d		f death occurred in a hospital or institu sds. How long in U.S. if o			
2. FULL NAME Erne	est Van t	Buren	*		
' (a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident	ive cily or town a	nd State
PERSONAL AND STATISTI		MEDICAL C	ERTIFICATE		
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	MAR 2 2	, ,000	, 193
. If married, widowed, or divorced	~ ?		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of Mary	Clay	March 4	1936, to	That I attend	ed deceased fro , 19 <i>B</i> .4
DATE OF BIRTH (month, dey, and year)	Lever 19 18 12	I last sew h Los elive on/	MUN Z	193	6.; death is sa
AGE Years Months	bays If LESS than I day,hrs.	to have occurred on the date state		_/S_m.	
63 2/	13 ormin.	The PRINCIPAL CAUSE OF DEA' were es follows:	TH end related cause	s of Importance	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	en Labor	Neal	retto s	1 el.	
SAWYER, BOOKKEEPER, etc		Causing &	Jan gre	ye of	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			J-eell	
2. BIRTHPLACE (city or town) DAMES. C. (State or country)	UARTER, MD.	Other Coutributory Causes of imp	ortance:	1.11.0	6
13. NAME Matter (State or country)	Van Buren	Jula	L BULL	NOW.	
14. BIRTHPLACE (city or town)	/	Name of operation Whet test confirmed diagnosis?			
15. MAIDEN NAME adely	e sprate	23. If death was due to external ca			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Where did injury occur?		ate of Injury	, 19
7. INFORMANT Polingon	Van Buren	Specily whether injury occurred i	(Specify city or to n INDUSTRY, in HOI	own, county and S ME, or in PUBLIC	itate) PLACE,
8. BURIAL, CREMATION, OR REMOVAL Place AMES QUARTER.	Mar 24, 1936	Manner of Injury			
9. UNDERTAKER TO LLOS I SI (Address) De als Isl	cond and	24. Was disease or injury In any w	vay related to occupa	tion of deceased?	
O. FILED March 249 Mrs.	W. S. Kelly Registrar	(Signed)CHANO	MBU	yppor	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II	
The principal cause of dea of importance were as foll	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis		1931	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1936	July 5 1927	Peritonitis	3 days ago
	BUREAU V.)		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

...D. Every item of infor-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

391-

	STATE OF MARTLAND	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	213-2)
	County Omerset	Registration Dist. No. 2654
	Village or City Crushield	TO LE LIMITE OF
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residence in city or town where death occurred / yrs	0
	2. FULL NAME Slivery Harrison Hall	are If U. S. Veteran, specify WAR
	(a) Residence: No. Chlasheshe aire	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	M OR DIVORCED (write the word)	March 1936
	5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
	HUSBANO of OM CIPLA OB a Plan	1 HEREBY CERTIFY, That I attended deceased from
	- may francis	March 19 6, 10 March 8, 1036
e.	6. DATE OF BIRTH (month, day, and year) dug 20 /877	I last saw home alive on the and the said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 2m.
tif	58 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
cel	8. Trade profession or particular	Fell Lion Such Oste of onset
Jo	kind of work done, as SPINNER, Haterman SAWYER, BODKKEEPER, etc. Haterman	Skill and wax
ck	Industry or husiness in which	della el.
back	work was dona, as SILK MILL, SAW MILL, BANK, etc	Sadden Cake
on	this occupation (month and this occupation (month and spent in this occupation)	
ns.	year)	Other Contributory Causes of importance:
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.
ruc	(State or country)	
nst	13. NAME Povert Walker	
	14. BIRTHPLACE (city or town)	Nama of oparation 2 Data of
See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
+	15. MAIDEN NAME Elizabeth telluson	
important.	#	23. If death was due to external causes (VIDL ENCE) fill in also the following:
OCL	16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
mi	Che Chas Mall	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT TO FILLY FLAGER	Specify whether Injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
very	(Addrass) (Cristial Ind	
.00	Place Mariners Cena Date Inch 10 19 36	Manner of injury
Z	A CO	Nature of injury
TION	19. UNDERTAKEN TOM G Gradshaw	24. Was disease or injury in any way related to occupation of decaased?
,	(Address) Crinquel and	If so, specify
1	10 FILED Moh ID 1936 lo & lealing	(Signed)
1	Registrar.	(Address) Card Card
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLAINLY,

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	-	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. 5			
	The second secon	750		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis *	1 year
		1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100 X 015
County Saguerso	Registration Dist. No. 🗸 🗸
Village or City Daws Surely	No. St., Ward
Length of residence in city or flown where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrs
12 4/11/6/	yisyisyisys.
2. FULL NAME I VEALE V. Will	X
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHURAL 9, 193.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) Wife of Marilla William	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and son 123 - 1885	Has saw h. saw alive on Farch 17, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 218 A.m.
50 4- 15- 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER.	0
9. Industry or business In which work was done, as SILK MILL,	Dubat 1 meumo mia 3/2/36
SAW MILL, BANK, etc	
this occupation holds and spent in this occupation	
12. BIRTHPLACE (city or town) Advisor Carlos (State or country)	Other Contributory Causes of Importance:
II 13. NAME JED IT While	
13. NAME SED STATES 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) A Que Les	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Date Date , 79 3 6	Nature of injury
19. UNDERTAKER AND LONG AND LO	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Mel 10, 19 3 to Mrs W. S. Killy Registrar.	(Signed) Delar T. Jacksmall M. D. (Address) Princes Delle TIA.)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis AFR 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 5.	J 4y5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	-CERTIFICATE OF DEATH 3241
Amaria +	710
County/2011	Registration Dist. No. 260
Village or City Colem 1114.	No. St., Wi (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	nosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Maria J. Willey	If U. S. Veteran, specify WAR
(a) Residence: No. Elen md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED, OR BLORCED write the word)	21. DATE OF DEATH March. 11 14, 193 6
5e. If merriad, wildowed, or divorced	(Month) (Dey) (Year)
(or) WIFE of Solomon Willey	22. HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, dey, and year Ques 7, 1843)	I last saw han elive on 3/10 196 death is
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, et 3.109m.
92 7 4 1 dey,h	wars of follows:
8 Trade profession or particular	Date of o
kind of work don, es SPINNER, SAWYER, BOOKKEEPER, etc	Brancho - Freedown 77/6
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Infunça 72/0
(Stata or country)	
13. NAME John Kelly	Chan Vals Hart Dream Wel
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Steta of country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Unferom	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Report & Malley (Address) Edem mad.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVALO	Menner of injury
Plece allen am. Dete/Mar. 13, 193	Neture of injury
19. UNDERTAKER HOLLOWAY & Co.	24. Was disease or injury In any way related to occupetion of deceased?
20, FILED 3/12 , 1926 9 Jewill	(Signad) Man
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	THE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. ation should be carefully supplied. AGE should be stated EXACTL VSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. RGIN RESERVED TION is very important. WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH3250
1. PLACE OF DEATH	(191)
County Springer	Registration Dist. No. 268
Village or City CHANCE, MD.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2 FILL NAME & STALL (MAGARIA)	
(a) Posidones No	St., Ward.
(a) Residence: No. (Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1936 (Month) (Pay) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
S DATE OF DIPTH (month day and year)	1 last sew h 2 alive on Mary 1 1 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to havo occurred on the date stated above, at 785 Qm.
80 + 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Very Jarenchy malress Date of oneet
9. Industry or business in which	New Marian. Const.
work was done, as SILK MILL, SAW MILL, BANK, etc	ald chamic white the
O 10. Date deceased last worked at this occupation (month and year) occupation	pura contract suggestion see Sevi-
12. BIRTHPLACE (city or town) CHANCE MD	Other Contributory Causes of importance:
(State or country)	I francisco
# 13. NAME Pobert Wilson	00/0
13. NAME POLET WILSON 14. BIRTHPLAGE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME Salah Carburary 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND 24 of Saladien Mot	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece CHANCE MD, Dete ,19	Nature of injury
19. UNDERTAKER GA S. Websta	24. Wes disease or injury in any way related to occupation of deceased?
(Address) DEALS ISLAND, MD.	If so, specify
20. FILED Wich 5, 1936 Gora Webster Registrar.	(Signed)

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Combral homograpage	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR S.	July 5,1927	Peritonitis	3 days ago
Cercoral nemorrhage BUREAU S.			
Other contributory causes of importance:		Other contributory causes of importance:	-W-11 E
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	